



Required Individual Registration Forms by Person Type

Registration forms have been revised as of 2017 older versions have been phased out and will no longer be accepted.

The individual forms needed for any **ATHLETE** to participate:

- Athlete Registration Form (5 pages) bit.ly/SOWA-ARF
 - *Must be updated every three (3) years unless a school physical is used.*
- Code of Conduct Release Form bit.ly/SOWA-C19CoC
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver

The individual forms needed for any **UNIFIED PARTNER** to participate:

- Unified Partner Registration Form (2 pages) bit.ly/SOWA-UP
 - *Must be updated every three (3) years.*
- Code of Conduct Release Form bit.ly/SOWA-C19CoC
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCG <https://bit.ly/3bMmjs2> GOOD DEED CODE **e45cri8**
 - Any Unified Partner who is 18 years of age and older must complete a background check, **UNLESS** they are part of Unified Champion Schools School Program. *Background checks are required to be updated every three (3) years.*

The forms and certifications needed for any **COACHING** Person Type:

- Code of Conduct Release Form bit.ly/SOWA-C19CoC
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCG GOOD DEED CODE **e45cri8**
- Protective Behaviors bit.ly/SOWA-PBQ
- Concussions in Sports bit.ly/SO-Learn
- Sport Specific Trainings-*Head Coach Only- Scheduled seasonally as needed*

Background checks & certifications are required to be updated every three (3) years.

The forms and certifications needed for any **VOLUNTEER, CHAPERONE, PARENT or CAREGIVER**:

- Code of Conduct Release Form bit.ly/SOWA-C19CoC
- Communicable Disease/COVID Form bit.ly/SOWA-C19Waiver
- Background Check bit.ly/SOWA-BCG GOOD DEED CODE **e45cri8**
- Protective Behaviors bit.ly/SOWA-PBQ

Background checks & certifications are required to be updated every three (3) years.

Registration Portal

bit.ly/SOWA-Reg





Individual Registration Forms Pre-Submission Audit Guidelines

To ensure participants are fully credentialed for participation quickly, all forms should be audited by programs prior to their submission. Incomplete forms will be rejected and returned to sender. A thorough audit prior to submission helps prevent avoidable delays.

This page is a tool to ensure that the forms that are submitted meet the requirements for acceptance.

Common reasons forms are returned for review

- **Missing Information**
 - Dates on signature pages and/or the medical exam
 - Contact information and/or Emergency contact information
 - i.e., Phone number
 - Pages included in packet; including but not limited to the medical exam
 - Date of birth
 - Medical Exam page missing doctor information
 - i.e., Name, Exam Date, Signature, or License number
 - Medical Exam is missing check marks for spinal cord compression/ Athlete Clearance to Participate.
- **Outdated Forms**
 - Forms older than the 2017 version are considered outdated and will no longer be accepted.
- **Expired Medical Exams**
 - Forms dated more than 3 years before the last date of the season an athlete is participating in are considered expired.
- **None Special Olympics Washington Forms**
- **Ineligible Identifying Information** i.e., Full name on Code of Conduct or Covid Waiver
- **Low Image Quality**

We request that all Program Coordinators/ Coaches review their participants paperwork against this list to ensure swift and accurate approval for credentials for all participants.

Forms that do not meet the requirements will be returned for revision and will need to be resubmitted with all necessary information.



Unified Partner Form Requirements

Unified Partner Registration Form

Unified Partner Registration Form (2 pages) bit.ly/SOWA-UP

- Contact and other information related to the Unified Partner, as well as a risk and liability agreement.



Covid Forms

The following two (2) forms acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

Covid Code of Conduct
bit.ly/SOWA-C19CoC



Covid/Communicable Disease Waiver
bit.ly/SOWA-C19Waiver



Background Check
SOWA Identification Good Deed Code: **e45cri8**
bit.ly/SOWA-BCGbit.ly/SOWA-BCG



Return to Program by: _____

Participant: _____

